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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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	Examiner Name Michael G.				Michael G. Mendoz	a	
		U.S. I	PATENT DO	CUMENTS			
Examiner Initials*	Cite No. (optional)	Number	Issue Date	ate Name of Patentee or Applicant			
		FOREIG	N PATENT	DOCUMENTS			
Examiner Initials*	Cite No. (optional)	Number Da		Name of Patentee or Applicant		T**	
Examiner Initials*	Cite No. (optional)	OTHER DOCUMENTS					
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EXAMINER SIGNATURE:	/Michael Mendoza/	DATE CONSIDERED:	06/05/2010

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<sup>\*</sup> Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.